HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
15 MARCH 2017

CHAIRMAN: COUNCILLOR MRS C A TALBOT (CHAIRMAN)

Lincolnshire County Council

Councillors S L W Palmer, Mrs S Ransome, Mrs J M Renshaw, T M Trollope-Bellew, Mrs S M Wray and R A Renshaw

Lincolnshire District Councils

Councillors P Gleeson (Boston Borough Council), Mrs P F Watson (East Lindsey District Council), J Kirk (City of Lincoln Council), C J T H Brewis (South Holland District Council (Vice-Chairman)), Mrs R Kaberry-Brown (South Kesteven District Council), P Howitt-Cowan (West Lindsey District Council) and K Cook (North Kesteven District Council)

Healthwatch Lincolnshire

Dr B Wookey

Also in attendance

Liz Ball (Executive Nurse, South Lincolnshire CCG), Andrea Brown (Democratic Services Officer), Alison Christie (Programme Manager, Health and Wellbeing Board), Simon Evans (Health Scrutiny Officer), Will Huxter (Regional Director of Specialised Commissioning (London), NHS England), Dr Geraldine Linehan (Regional Clinical Director of Specialised Commissioning (Midlands and East), NHS England), Tony McGinty (Interim Director of Public Health), David Stacey (Programme Manager, Public Health), Caroline Walker (Deputy Chief Executive and Director of Finance, Peterborough and Stamford Hospitals NHS Foundation Trust) and Chris Weston (Consultant in Public Health (Wider Determinants))

No County Councillors attended the meeting as observers.

79 WELCOME

The Chairman opened the meeting and confirmed that this was the final meeting of the Health Scrutiny Committee for Lincolnshire in this four year term of the County Council.

The Chairman gave thanks as noted below:-

To the Vice-Chairman for his continued support during the term and wished him well in the forthcoming election.

Andrea Brown, Democratic Services Officer, for her support over the last 17 months, as the Clerk to the Committee.

To Simon Evans, Health Scrutiny Officer, who had worked tirelessly to provide clear information for the Committee and who had given so much support to the Chairman.

The Chairman went on to offer best wishes to three members of the existing Committee who were not seeking re-election. Councillors Mrs J M Renshaw, T M Trollope-Bellew and Mrs S M Wray were thanked for their huge contribution to the Committee over the last four years, in particular Councillor T M Trollope-Bellew who had been the first Chairman of the Health Scrutiny Committee for Lincolnshire when it was established in 2003.

80 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Dr B Wookey and Councillors R C Kirk, T Boston and Miss E L Ransome.

The Chief Executive reported that under the Local Government (Committee and Political Groups) Regulations 1990, he had appointed Councillor R A Renshaw and Councillor Mrs K Cook to the Committee in place of Councillor R C Kirk and Councillor T Boston respectively, for this meeting only.

Councillor Mrs R Kaberry-Brown provided apologies as she would join the meeting late.

81 DECLARATIONS OF MEMBERS' INTERESTS

Councillor Mrs K Cook advised the Committee that she was a patient of Lincolnshire Partnership NHS Foundation Trust which may be discussed under item 10 – *Annual Report of the Director of Public Health*.

Councillor Mrs C A Talbot advised the Committee that she continued to be a patient of Nottingham University Hospitals NHS Trust but also remained under the care of a team at United Lincolnshire Hospitals NHS Trust.

Councillor Mrs P F Watson advised the Committee that she continued to be a patient of United Lincolnshire Hospitals NHS Trust.

82 CHAIRMAN'S ANNOUNCEMENTS

The Chairman made the following announcements:-

i) Grantham Accident and Emergency – Temporary Overnight Closure

On 22 February 2017, a letter from the Secretary of State for Health was received by the Chairman which indicated that he had passed the Committee's referral on the temporary overnight closure of Grantham Accident and Emergency Department to the Independent Reconfiguration Panel (IRP) for initial advice. The IRP was asked to submit its initial advice to the Secretary of State by 22 March 2017. Two courses of action may be open to the IRP: it could make a recommendation to the Secretary of State for a full IRP review or recommend that the matter be resolved locally, thereby requiring no further action on the IRP's part. It was reported that full IRP reviews involved a wider invitation for evidence which was then tested at IRP hearings. A decision was awaited.

ii) Community Pharmacies

A response had been received from David Mowat, the Parliamentary of Under Secretary of State for Community Health and Care, dated 20 February 2017, to the Chairman's letter raising concerns on the impact of *Community Pharmacy 2016/17 and Beyond*. Mr Mowat referred to the *Pharmacy Access Scheme*, which provided support to 17 pharmacies in Lincolnshire, who met the criteria of the *Pharmacy Access Scheme*. Pharmacies not on the *Pharmacy Access Scheme* list, which was published in October 2017, were able to submit an appeal to the Department of Health by 28 February 2017. At this stage, it was not known how many pharmacies had submitted an appeal.

iii) Motor Neurone Disease Charter

On 24 February 2017, Lincolnshire County Council adopted the Motor Neurone Disease Charter which was promoted by the Motor Neurone Disease Association. Motor Neurone Disease affected up to 5000 adults in the UK at any one time and the Motor Neurone Disease Association was aware of 43 people in Lincolnshire living with the disease.

iv) United Lincolnshire Hospitals NHS Trust – Financial Position

On 7 March 2017, the Board of Directors of United Lincolnshire Hospitals NHS Trust (ULHT) considered the monthly report on ULHT's financial position. The Board of Directors was advised that ULHT would not attain its agreed deficit target of £47.9m for the current financial year and was now forecasting a deficit of £54.9m for the year.

The reasons for missing the target included: ULHT would not receive £3.9m in sustainability and transformational funding from NHS Improvement; and ULHT's expenditure on agency staff remained high, as it had prioritised safety over finance this winter. Like many acute hospitals, ULHT had stated that it had experienced unprecedented pressures and had needed to open more escalation beds during times when demand for beds was high.

v) St Barnabas Hospice

On 7 March 2017, the Chairman met with Chris Wheway, Chief Executive, and Michelle Webb, Director of Patient Care, from St Barnabas Hospice Trust, both of

whom would be addressing the Committee during the afternoon session of the meeting.

vi) East Midlands Health Scrutiny Network

On 9 March 2017, the Chairman had been scheduled to attend the East Midlands Health Scrutiny Network to consider two issues relating to the East Midlands Ambulance Service NHS Trust: the Strategic Demand, Capacity and Pricing Review; and the recent re-inspection of EMAS by the Care Quality Commission. As there was no available information on these two items, the meeting had not proceeded.

vii) Draft *Living With and Beyond Cancer Strategy for Lincolnshire 2017-19*

On 10 March 2017, the Chairman received a copy of a summary of the Draft *Living With and Beyond Cancer Strategy for Lincolnshire 2017-2019.* This strategy had been prepared with input from MacMillan Cancer Support. There was evidence that people who were offered good support before, during and after a cancer diagnosis and treatment often had better outcomes than people who received no support. In Lincolnshire, the support people received was patchy and services were sometimes disjointed. The strategy aimed to change this by placing an emphasis on replicating existing services across all parts of the county; and improving communications between health and care professionals.

viii) Lincolnshire Partnership NHS Foundation Trust

On 14 March 2017, the Chairman met with John Brewin, Chief Executive of Lincolnshire Partnership NHS Foundation Trust (LPFT), at the Trust's new headquarters at St George's, Long Leys Road, Lincoln. A number of issues were discussed including the forthcoming re-inspection of LPFT in the week beginning 3 April 2017.

83 MINUTES OF THE MEETING OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE HELD ON 15 FEBRUARY 2017

RESOLVED

That the minutes of the meeting of the Health Scrutiny Committee for Lincolnshire held on 15 February 2017 be approved and signed by the Chairman as a correct record.

Councillors T M Trollope-Bellew and Mrs K Cook asked that their abstention from the vote be recorded as they were not in attendance at the last meeting.

84 CONGENITAL HEART DISEASE SERVICES - NHS ENGLAND CONSULTATION

Consideration was given to a report by Simon Evans, Health Scrutiny Officer, which provided information on a consultation of Congenital Heart Disease Services for children and adults launched by NHS England on 9 February 2017.

Will Huxter (Regional Director of Specialised Commissioning (London)) and Dr Geraldine Linehan (Regional Clinical Director of Specialised Commissioning (Midlands and East)) were in attendance to present information on the consultation content and process.

Background of the consultation was provided for the Committee. On 9 February 2017, NHS England launched its consultation on Congenital Heart Disease Services for children and adults. Six documents had been published on the NHS England website as part of the consultation process and could be found on the NHS England website (www.engage.england.nhs.uk/consultation/chd).

The proposals for consultation were outlined within the consultation summary document which included the following statement:-

> *"Surgery and interventional cardiology for children and adults would cease at University Hospitals of Leicester NHS Trust, and patients requiring such procedures would be most likely to receive their care at either Birmingham Children's Hospital NHS Foundation Trust, University Hospitals Birmingham NHS Foundation Trust or Leeds Teaching Hospitals NHS Trust, as closer for some patients than Birmingham. There is a possibility that the hospital trust might continue to provide CHD services for children and adults other than surgery and interventional cardiology. This option remains open for discussion"*

In relation to patients in Lincolnshire, NHS England suggested by reference to maps in *Congenital Heart Disease Equality and Health Inequalities Analysis – Draft for Consultation* that most Lincolnshire patients would be expected to be treated in Leeds General Infirmary.

A list of initial consultation events was published on 9 February 2017 and included an event on Monday 8 May 2017 4.00pm – 6.00pm. It was confirmed that this event would take place in the lecture theatre at Lincoln County Hospital. Unlike other events, this event would not be ticketed.

Other events listed by NHS England included meetings of health overview and scrutiny committees. As a result of the meetings held in the East Midlands, consideration would be given to the consultation by seven of the nine upper tier authorities in the East Midlands.

On 24 January 2017 the Chairman wrote to the Secretary of State for Health to raise concerns that NHS England had indicated that they had received clearance for the consultation period to run through the local government purdah period. Philip Dunne MP, the Minister of State for Health replied on 21 February 2017 to advise that NHS England had consulted the Cabinet Office regarding this and had acted on it by extending the consultation to 5 June 2017.

Mr Huxter thanked the Committee for the opportunity to address the Committee again now that the consultation had been launched. It was confirmed that the proposals for discussion related to a national consultation on Congenital Heart Disease Services which included events and discussion at a local level.

It was emphasised that the consultation was on *proposals* by NHS England for these services and not decisions. The Board of NHS England intended to make the decision in public following consideration of all consultation responses.

NHS England reported that helpful discussions had been held with University Hospitals of Leicester NHS Trust in addition to work being undertaken on paediatric colocation where it was found that the key outstanding difference to provide a Level 1 service was the level of activity by a surgeon. NHS England continued to explain that the Trusts own figures stated 350 for 2016/17, 25 below the minimum standard.

It was reported that approximately 500 patients with Congenital Heart Disease in the East Midlands may require surgery and that most children from Lincolnshire currently attend Glenfield Hospital with only six out of ten adults attending UHL for surgery. Patient choice was emphasised, and it was not NHS England's role to direct patients to particular Level 1 centres. The proposal in the consultation was to seek ways in which the standards could be implemented and the proposal pertinent to UHL was based on the standards not being met, therefore removing Level 1 services but to continue with a Level 2 service.

Members were invited to ask questions, during which the following points were noted:-

- When asked if all the centres who provided Level 1 services involved in the consultation were required to meet all standards in full, it was explained that a different approach had been taken with Newcastle. This was due to Newcastle being only one of two paediatric centres which were able to undertake heart transplants, therefore NHS England had given them a longer period of time in which to meet the standards. NHS England welcomed the views of the Committee in relation to the proposal to deal with Newcastle differently to the other centres;
- A letter had been received by the Chairman, from Michael Wilson (CHD Programme Director, NHS England) on behalf of Will Huxter, which indicated that it was expected that the Board would reach a decision later in the year but that the timetable for post-consultation analysis and decision-making was still under development. The Committee indicated disappointment that a date had not yet been set. Dismay was also expressed that the Cabinet Office had granted NHS England permission to run this consultation through a local government purdah period. When pressed, Mr Huxter explained that the endpoint timetable would be partly influenced by the volume of responses and the length of time required to undertake the analysis. A commitment was made by Mr Huxter that a clear timetable for the outcome and decision following the consultation would be provided to the Committee prior to the commencement of Purdah;

At 10.40am, Councillor Mrs R Kaberry-Brown entered the meeting.

- The proposal for University Hospitals of Leicester NHS Trust, within the main consultation document, included reference to Oxford and the cessation of

CHD surgery in 2010 following the deaths of a number of babies (paragraphs 39 and 40). A sentence at the end of paragraph 40 stated *"we do not use the Oxford illustration in any way to detract from the concerns that you might have about our proposals but it does demonstrate that change such as this can take place with minimal impact"*. Despite this, the Committee were dismayed that the issues at Oxford were being likened to those at Glenfield Hospital. Mr Huxter indicated that there had been no intention to imply that there were any problems with the quality of care at Glenfield, only that the transfer of surgical services from one provider to another could be done successfully with little disruption;

- The Committee noted the extraordinarily good mortality rate at Glenfield and, although the standards not being completely met at this time, an excellent service continued to be provided overall;
- The rurality of Lincolnshire and the ability to travel to Leicester via public transport was raised as a serious concern by the Committee. To expect patients and families to travel to Birmingham from remote areas of Lincolnshire, many of whom relied on public transport alone, was strongly opposed;
- The consultation documents suggested that the average additional travel time for Glenfield patients to access services in Birmingham was 14 minutes. Members were astounded at this statement as Birmingham Children's Hospital was 44 miles from Glenfield which was an impossible journey to make in 14 minutes. By way of explanation, NHS England reported that the modelling exercise undertaken used the locations of current patients and the average travel time from each place. It was agreed that NHS England would provide the detail on this modelling exercise as they accepted that this issue would require further consideration;
- It was reported that an independent, external, company had been commissioned to analyse all responses to the consultation and assurance given, by Mr Huxter, that all members participating in that analysis would be independent to any of the centres involved in the consultation. The Committee was also assured that all detailed responses would be taken in to account and coded to themes with all themes outlined within the body of the final report;
- The Committee was concerned that one of the co-signatories on the consultation document was from Southampton Hospital, one of the centres included within the consultation. The Committee also felt that the consultation questions had been written in such a way that the preferred outcome for NHS England would be automatically reached; that the centres were not on a 'level playing field' within the consultation; that the 'goal posts' for certain centres, including Glenfield, continued to move; and that continued support was provided to some centres by NHS England to remain open but not others, including Glenfield;
- NHS England commended UHL on the pioneering work undertaken by UHL in relation to ECMO but insisted that this was also widely available in other centres which gave NHS England confidence in this service in the future. When asked who provided the specialist training to these centres for ECMO, the response was UHL at Glenfield;

- Glenfield Hospital also had a helipad to enable safe transportation of the mobile ECMO machine, other centres did not. The Committee was dismayed that the proposal to close Glenfield had been made given this issue alone;
- It was suggested that the consultation inferred that Glenfield was not currently safe for children to undergo surgery (again the Committee referred to paragraphs 39 and 40 of the full consultation document). NHS England representatives stressed that there were no concerns about patient safety at UHL or from any other providers but that the proposals had been made in order to provide resilience in the future.

The Chairman thanked Mr Huxter and Dr Linehan for attending the meeting to address the Committee and confirmed that the Committee had not been reassured that the consultation process was fair and fit for purpose and, throughout discussion, continued bias against Glenfield Hospital was apparent.

The Chairman confirmed that, legally, the Committee still had the option to refer this matter to the Secretary of State for Health in line with Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, following the submission of a response to the consultation.

RESOLVED

1. That the information presented to the Committee on the consultation content and process be noted; and
2. That the Committee consider this information during item 11 of the agenda – *Congenital Heart Disease Services – Arrangements for Responding to the NHS Consultation.*

At 11.40am, the meeting was adjourned to allow the Committee a short comfort break.

At 12.00pm, the Chairman reconvened the meeting.

85 UPDATE ON DEVELOPMENTS AT PETERBOROUGH AND STAMFORD HOSPITALS NHS FOUNDATION TRUST

Consideration was given to a report by Caroline Walker (Deputy Chief Executive and Director of Finance, Peterborough and Stamford Hospitals NHS Foundation Trust) which provided an update on three key areas of development at Peterborough and Stamford Hospitals NHS Foundation Trust.

Caroline Walker (Deputy Chief Executive and Director of Finance, Peterborough and Stamford Hospitals NHS Foundation Trust) was in attendance for this item.

The Trust had installed its third MRI scanner in a purpose-built unit at Stamford and Rutland Hospital in early January 2017. This was the third scanner for the Trust, two of which were at Peterborough City Hospital, but this was the first scanner at Stamford and Rutland Hospital. The first full list of patients for the scanner was

booked for Monday 6 February 2017 and the scanner had been in full use since. The imaging team within the Trust was delivering this service Monday to Friday 7.30am to 8.00pm and would move a seven-day service in coming months.

The Trust was also on track to complete the first phase of redevelopment work at the hospital, on 17 March 2017. This would include the creation of a new phlebotomy, lymphoedema and chemotherapy suite, relocation of the pain management team to a new department and the relocation of Therapy Services to a newly upgraded department.

Stamford Hospital treated 116,680 patients in 2016 which was an increase of 6,000 from 2015. It was expected, following the completion of the redevelopment programme in July 2017, that even more patients from Stamford and South Lincolnshire communities would be able to undergo treatment closer to home.

In relation to the merger with Hinchingbrooke Health Care NHS Trust, the Boards of both Trusts had agreed a Full Business Case to merge the two organisations in November 2016. Since the agreement to combine the organisations into North West Anglia NHS Foundation Trust on 1 April 2017, a detailed implementation plan was being followed which included the following:-

- Staff consultations;
- Recruitment of Governors;
- Focus on the readiness for 'day one'; and
- Members Meetings.

In response to a national requirement to recover the costs of non-emergency hospital treatment from non-resident patients, introduced in 2013, the Trust had devised a process for recovering money for the NHS from the treatment of liable patients. In May 2013, the Trust implemented a requirement for all patients to provide two proofs of identity prior to undergoing planned treatment in their hospitals.

All new appointments letters included clear instructions for patients to bring two forms of identification to prove that they were an ordinary UK resident and either their passport or birth certificate to the first appointment. Visa details and any surcharge paid for free NHS treatment, if visiting the UK was also required.

Should a patient be unable to provide this identification who did not require urgent care they would be informed that any treatment received would be chargeable and the decision to proceed was then left with the patient. Should the treatment be urgent, the Trust would provide immediate care but first inform the patient that this would be chargeable. Clinical need would remain the decision of the treating clinician to ensure that patient care was not compromised.

Since the implementation of these standards, the number of attendances of non-UK residents had not been notably decreased, however non-eligible patients were identified more quickly and at a higher volume than previously.

On average each year, the Trust had recovered £350,000 income for the treatment of chargeable patients since the implementation of the policy. The process had been reviewed by the Cabinet Office and it was understood that the Trust's system may be used as a basis for other Trusts to follow as an exemplar of good practice.

Members were invited to ask questions, during which the following points were noted:-

- The Members Meetings scheduled on the merger of the two Trusts had resulted in 58 members of the public attending the meeting in Stamford and a further 90 members of the public registering their attendance for the meeting in Hinchingbrooke on 20 March 2017;
- It was reported that the Funding Package had now been agreed and an emergency Board meeting held on Friday 10 March 2017 to agree future actions;
- It was forecast that the savings in support services, as a result of the merger, would be £9m by year three. There were no plans to make any savings to clinical services as it was suggested that this would happen as part of the Cambridgeshire and Peterborough Sustainability and Transformation Plan;
- The challenge was to reduce the deficit year on year and a budget was set which challenged Trusts to make more and more efficiency savings each year;
- Appointed Governors undergo an induction programme so that they can carry out their role efficiently. Each Governor would be responsible for a particular area of the Trust and in depth training would be provided in addition to the general induction programme;
- It was confirmed that the £350k collected from non-EU patients was the actual income;
- The Trust would end the financial year with a £20m overspend. £10m from the Treasury would assist with that deficit and it was hoped that this would reduce the year end deficit to a residual £15m;
- The Medical Director for the Trust had been asked to assist clinicians across the country in how to broach the subject of proof of ID with patients. Other Trusts had also arranged to visit Peterborough and Stamford Hospitals NHS Foundation Trust to see how clinicians did this and to use that knowledge in their own hospitals;
- It was clarified that international agreements covered the provision of emergency care and recovery of costs for planned or elective care for non-UK residents; and
- It was expected that Phase 2 of the redevelopment would be complete in July 2017. The Committee was invited to hold a meeting in Stamford which could incorporate a visit to the new site.

RESOLVED

1. That the report and comments be noted; and
2. That a future meeting of the Committee be held in Stamford following the completion of the redevelopment post July 2017.

86 ARRANGEMENTS FOR THE QUALITY ACCOUNTS 2016-2017

Consideration was given to a report by the Health Scrutiny Officer which invited the Committee to make arrangements for the Quality Accounts process for 2017.

Simon Evans, Health Scrutiny Officer, introduced the report and explained that, in January 2017, NHS England confirmed the arrangements for 2017 which followed the pattern of last year. In 2016, statements were prepared on behalf of the Committee on the Quality Accounts of nine providers of NHS-funded services. Three of those statements were jointly prepared with Healthwatch Lincolnshire.

The legal framework for Quality Accounts came into effect on 1 April 2010 and had been amended since to reflect changes in NHS organisational structures and to further prescribe the content of each Quality Account. NHS-funded services were required to submit Draft Quality Accounts to their local Health Overview and Scrutiny Committee; local Healthwatch organisation; and the relevant Clinical Commissioning Group.

The regulations did not include a formal role for health and wellbeing boards, although providers were able to share the draft Quality Accounts with local health and wellbeing boards for comments, should they wish to do so. This was emphasised by NHS England who indicated that this involvement was discretionary.

The contents of a Quality Account were prescribed by regulations and must include three or more priorities for improvement in the forthcoming year; and an account of the progress with the priorities for improvement in the previous year. It must also include details of the types of NHS funded services provided; any CQC inspections; national clinical audits; Commissioning for Quality and Innovation (CQUIN) activities and mortality-indicator information.

Foundation trusts were required by NHS Improvement to prepare a Quality Report which must also incorporate all the required elements of a Quality Account.

Guidance from the Department of Health encouraged organisations to focus on the following statements when completing a Quality Account:-

- Do the priorities included in the Quality Account reflect the priorities of the local population?
- Have any major issues been omitted from the Quality Account?
- Has the provider demonstrated that they have involved patients and the public in the production of the Quality Account?
- Is the Quality Account clearly presented for patients and the public?
- Are there any comments on specific local issues, which Healthwatch/the Health Scrutiny Committee have been involved with?

A working group arrangement had always been adopted whereby representatives of the provider organisation presented their draft Quality Account to a working group of Committee members and representatives from Healthwatch Lincolnshire. The output

from the working group was a statement (up to 1000 words) which was required to be included within the final published version of the Quality Account.

The regulations also enabled the "relevant overview and scrutiny committee" to make a statement on the Quality Account of a local provider. The following providers had headquarters in Lincolnshire and would, therefore, be required to include a statement on their Quality Account:-

- Boston West Hospital (Ramsay Healthcare)
- Lincolnshire Community Health Services NHS Trust
- Lincolnshire Partnership NHS Foundation Trust
- St Barnabas Hospice
- United Lincolnshire Hospitals NHS Trust

The registered office of the following providers was not located in Lincolnshire but they had, in the past, voluntarily agreed to the inclusion of a statement on their draft Quality Account:-

- East Midlands Ambulance Service NHS Trust (EMAS)
- Northern Lincolnshire and Goole NHS Foundation Trust
- Peterborough and Stamford Hospitals NHS Foundation Trust

These Trusts provided a significant number of services to Lincolnshire residents and it was for the Committee to decide on which of the above providers' draft Quality Account it would wish to make a statement. It was noted that, in 2016, Marie Curie requested a statement from the Committee on the basis that it cared for more patients in Lincolnshire than any other local authority area, despite its Head Office being based in London.

The Committee had also worked jointly with Healthwatch Lincolnshire for the last three years. Healthwatch Lincolnshire was being consulted on whether it wished to continue to work with the Committee on the following three Quality Accounts:-

- Lincolnshire Community Health Services NHS Trust;
- Lincolnshire Partnership NHS Foundation Trust; and
- United Lincolnshire Hospitals NHS Trust

It was suggested that the Working Group might need to meet up to four times in total during April, May and early June 2017 to prepare statements on the relevant Quality Accounts. The Committee was asked for volunteers to form the Working Group.

Councillors Mrs C A Talbot, P Gleeson, S L W Palmer, Mrs J M Renshaw, Mrs S M Wray, Mrs P F Watson, J Kirk and C J T H Brewis volunteered to form the Working Group.

RESOLVED

1. That the following local providers of NHS-funded services be provided with a statement from the Health Scrutiny Committee for Lincolnshire for inclusion within the respective Quality Account:-

a. East Midlands Ambulance Service NHS Trust;
b. Lincolnshire Community Health Services NHS Trust;
c. Lincolnshire Partnership NHS Foundation Trust;
d. Northern Lincolnshire and Goole NHS Foundation Trust;
e. Peterborough and Stamford Hospitals NHS Foundation Trust;
f. St Barnabas Hospice; and
g. United Lincolnshire Hospitals NHS Trust.

2. That joint statements for inclusion within the Quality Account of the following providers be prepared together with Healthwatch Lincolnshire (subject to the agreement of Healthwatch Lincolnshire participating in joint arrangements):-
   a. Lincolnshire Community Health Services NHS Trust;
   b. Lincolnshire Partnership NHS Foundation Trust; and
   c. United Lincolnshire Hospitals NHS Trust
3. That the establishment of a working group for the Quality Account process for 2017 be agreed and include Councillors Mrs C A Talbot, P Gleeson, S L W Palmer, Mrs J M Renshaw, Mrs S M Wray, Mrs P F Watson, J Kirk and C J T H Brewis.

The Chairman adjourned the meeting for lunch at 12.50pm and asked the Committee to reconvene at 2.00pm.

NOTE: At 2.00pm, the Chairman reconvened the meeting. On return, following Members and Officers were in attendance:-

Lincolnshire County Council

Councillors S L W Palmer, Mrs S Ransome, R A Renshaw, Mrs J M Renshaw, Mrs C A Talbot (Chairman), T M Trollope-Bellew and Mrs S M Wray.

Lincolnshire District Councils

Councillors P Gleeson (Boston Borough Council), J Kirk (City of Lincoln Council), Mrs P F Watson (East Lindsey District Council), Mrs K Cook (North Kesteven District Council), C J T H Brewis (South Holland District Council (Vice-Chairman)), Mrs R Kaberry-Brown (South Kesteven District Council) and P Howitt-Cowan (West Lindsey District Council).

Also in attendance

Liz Ball (Executive Nurse, South Lincolnshire CCG), Andrea Brown (Democratic Services Officer), Alison Christie (Programme Manager, Health and Wellbeing), Simon Evans (Health Scrutiny Officer), Tony McGinty (Interim Director of Public Health), David Stacey (Programme Manager, Strategy and Performance), Michelle Webb (Director of Patient Care, St Barnabas Hospice), Chris Weston (Consultant in Public Health (Wider Determinants)) and Chris Wheway (Chief Executive, St Barnabas Hospice)

Prior to consideration of the next item of business, the Chairman was disappointed to report that the demonstrators in attendance to hear consideration of item 5 – *Congenital Heart Disease Services – NHS England Consultation* had prevented colleagues from NHS England leaving the building. The Chairman noted that this behaviour was unacceptable and that she would, on behalf of the Committee and the Council, write to NHS England to apologise.

87 ST BARNABAS LINCOLNSHIRE HOSPICE

Consideration was given to a report by Michelle Webb (Director of Patient Care, St Barnabas Hospice) which provided an update on the work of the Hospice to improve and develop palliative and end of life care services for the people of Lincolnshire in partnership with other health and social care providers.

Chris Wheway (Chief Executive, St Barnabas Hospice) and Michelle Webb (Director of Patient Care, St Barnabas Hospice) were both in attendance for this item.

A five year clinical strategy had been developed to continue to support new and innovative ways of working which would service the needs of patients and also the communities served. The strategy would also support the hospice in delivering exemplary palliative and end of life care; manage the predicted increase in demand on services; and ensure the hospice remained sustainable in a complex and ever changing healthcare economy.

The organisation continued to be engaged in the Sustainability and Transformation Plan for Lincolnshire and Neighbourhood Teams locally. The strategy developed by the hospice would support collaborative and cohesive working to support a system leadership approach to high quality end of life care.

Since April 2016, the numbers of patients accessing services from St Barnabas Hospice had increased to:-

- Hospice at Home – 1692;
- Palliative Care Coordination Centre – 1465;
- Day Therapy Service – 1251;
- Allied Health Care Professional Support – 648;
- Lymphoedema – 105;
- Specialist Palliative Care Inpatient Unit – 134; and
- Hospice in the Hospital – 141.

In addition, 1686 new referrals had been received by the Family Support Service with a current caseload of 514 clients.

The Welfare Service had also opened 3608 new benefit claims with a current live caseload of 75 clients. Monetary gain from this service since the 1 April 2016 was £726,876.83.

Ambitions of the hospice for 2016 had been:-

- *To support better access to palliative care services closer to home* – good progress had been made to support people's choice of dying closer to home. Work with other providers to support End of Life Care in care homes with a specific project "Hospice in your Care Home" had been developed with five care homes engaging in the project. Work was also ongoing with Professor Kirsty Boyd of the University of Edinburgh to develop a tool to support lay people in identifying palliative care needs earlier;
- *Education and training for staff* – A clinical practice educator had been recruited to support education and training of the clinical workforce. Senior clinical staff had begun to embark widely on non-medical prescribing to support the ambitions of the strategy. All nurses would undertake the additional qualification also. As part of the Commissioning Quality and Improvement Scheme (CQUIN) supported training for all clinical staff and clinical volunteers was ongoing to give a greater understanding of the Palliative Care needs for those living with a learning disability;
- *Development of emotional and spiritual and psychological support for patients and families* – an integrated spiritual and wellbeing assessment tool determined on the need of patients and families was being developed. Many nurses had successfully completed both the foundation and advanced level of Cognitive Behavioural Therapy and Mindfulness courses to provide an increased level of psychological care and support;
- *Supporting Communities to discuss death and dying* – the hospice were leading an integrated approach towards dying matters and working with the East Midlands Hospice Group to raise awareness of the issues of breaking the taboo around talking about death. The Marketing Team at St Barnabas Hospice had supported the development of "The Elephant in the Room", a hard-hitting animation which addressed the subject of dying and was aimed at raising awareness of hospice care within local communities. Work with local communities, social care and other third sector providers was ongoing to champion the issues around death with a programme of public engagement events to develop local strategies engaging both the hospices' own service users and staff but also those of external providers;
- *Estate sharing* – As part of links to the neighbourhood teams, the hospice was continuing to scope premises sharing and was currently considering reciprocal arrangements with the community provider and acute trust to bring teams together to benefit a seamless approach to patient care as well as collaborative working for clinicians;
- *Exploration of the use of technology to better coordinate care* – the Electronic Palliative Care Coordination System (EPaCCS) was an electronic method of sharing information about a person's wishes for their end of life care. The system solution, My Right Care, worked across boundaries to enable information to be shared irrespective of the organisation or time of day. This enabled health professionals to access important information to assist clinical decision making to ensure that a patient's wishes were known; and
- *Support the acute Trust in Lincolnshire* – St Barnabas had recruited an End of Life Care Matron who worked across all three United Lincolnshire Hospitals NHS Trust (ULHT) sites and supported the Specialist Palliative Care Team

and End of Life Care Facilitators to deliver education and best practice to patients who were end of life. St Barnabas was also delivering a CQUIN on behalf of ULHT to the value of approximately £800k.

A number of national developments and initiatives had the potential to impact on the delivery of the clinical services provided by the hospice. These included:-

- A consultation by the Care Quality Commission (CQC) on proposals for the next phase of regulation of health and care services in England and included proposals for regulating complex services;
- The final version of the Palliative Care Currencies was expected to be published imminently. Currency was a word used by the NHS to describe consistent bundles of health interventions for different groups of patients which could be used to support payment and to inform commissioning. Within the hospice, work continued to develop the systems to collect this data in order to support its use on an individual patient and cohort basis;
- Implementation of the Government's national commitment on end of life care (England) following the launch in July 2016 had seen the establishment of a Programme Board within NHS England to monitor progress against actions identified within the commitments document;
- Conversations continued in Lincolnshire regarding the development of Multi-speciality Community Providers (MCP) which St Barnabas was actively engaged in, in both the East and South West localities;
- The NHS Contract had now been agreed for St Barnabas and had a duration of two years. A separate contract covered the Palliative Care Coordination Centre and there was ongoing discussion with South West Lincolnshire CCG regarding the Hospice in a Hospital. There were some concerns around ongoing funding, lack of contract, nursing model and sustainability;
- The issue of End of Life Care and the concerns around the lack of focus on this issue within the Lincolnshire Sustainability and Transformation Plan (STP) had been formally fed back via the stakeholder board. The Chief Executive Officer of Hospice UK had also raised the issue on behalf of St Barnabas with the senior leadership team during a national STP forum; and
- As a key member of the expert reference group for palliative and end of life care, St Barnabas was supporting and influencing a piece of work to develop a co-designed end of life care 'pathway' which would support earlier identification of patients with palliative care needs and further reduce the barriers experienced by clinicians in addressing communication, assessment and needs. Intelligence was also being gathered to identify opportunities to join up initiatives trialled in different areas of Lincolnshire, for example the Care Home "Red Bag Scheme" which supported patients admitted to hospital.

Whilst developing the clinical strategy, areas of inequality had been explored in respect of end of life care, including the national choice agenda. The strategy was designed to achieve the organisation's three strategic goals:-

- Reaching Out;
- Pushing Boundaries; and
- Sustainable to the future.

Key principles reflected the 'I' statements and articulated within the operational document *"What's Important to me?"* a review of end of life care by the Department of Health in 2015.

Eight clinical objectives and five programmes of work had been developed which would deliver the organisational goals. The senior clinical team were confident that the strategy would support the organisation to provide end of life care in a competitive and economically challenging field.

2017 would mark the 35th anniversary of St Barnabas Hospice and a calendar of events and activities had been planned to commemorate the milestone. These events included a moonlight walk, birthday bake-off and 35 challenges for the Chief Executive Officer. These challenges included a London to Paris bike ride and giving up all electronic devices for a whole day. A Thanksgiving Service would also be held in Lincoln Cathedral.

As circumstances in which people die were becoming more complex and challenging, it would be the responsibility of those close to them and the professionals working alongside them to ensure the choice for patients and care continued in Lincolnshire.

NOTE: The Chairman declared an interest in this item as she had provided financial support to St Barnabas Hospice over the last twelve months.

Members were invited to ask questions, during which the following points were noted:-

- The Hospice in a Hospital at Grantham was the only one of its kind operating in the country and was operated on a separate contract with nursing provision from the acute hospital and specialist care from St Barnabas. South West Lincolnshire CCG was in the process of considering all services so there remained a level of uncertainty for this service. Although this was a positive story for Grantham Hospital and the county as a whole, the contract renewal had not yet been signed;
- Clarification was given that spiritual care, chaplaincy services and Cognitive Behavioural Therapy had always been provided but had previously operated as separate services. These services were now being joined up to provide integrated support to patients and families;
- The hospice worked closely with the Citizens Advice Bureau, the British Red Cross and also MacMillan Cancer Support for small grants to provide equipment for people to help them remain in their own home for as long as possible. Links with other services to provide benefits had also been made but it was noted that the largest obstacle for patients and families was the complexity of the forms to complete;

The Chairman wished Chris Wheway (Chief Executive Officer) all the very best of luck for his forthcoming bike ride to Paris.

RESOLVED

That the report and comments be noted.

88 JOINT HEALTH AND WELLBEING STRATEGY 2018-2023 - ENGAGEMENT PLAN

Consideration was given to a report by David Stacey (Programme Manager (Strategy and Performance)) which provided details on how the Lincolnshire Health and Wellbeing Board (LHWB) would engage with stakeholders, service users and the public to identify the priorities for the next Joint Health and Wellbeing Strategy (JHWS).

David Stacey (Programme Manager (Strategy and Performance)) and Alison Christie (Programme Manager (Health and Wellbeing)) were in attendance for this item.

The Committee was reminded that Local Authorities and Clinical Commissioning Groups (CCGs) had an equal and joint duty under the Health and Care Act 2012 to prepare a Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS) through the Lincolnshire Health and Wellbeing Board.

The JSNA was an assessment of the current and future health and care needs of local populations and used by the LHWB to inform the development of the JHWS. It also provided a shared evidence base to support the planning and commissioning of health and care services.

The Committee had been involved in the development of the JSNA by providing a response to the JSNA, following consideration by a working group on the rationale for the development of the 35 JSNA topics, on 16 December 2015.

All stakeholder feedback was then reviewed by the LHWB and had instigated a fundamental review which began in April 2016. Expert panels, which comprised of representatives from Lincolnshire County Council, CCGs, health providers, District Councils, voluntary and community sectors were set up to support Topic Leads to refresh each of these topics. In May 2017, the JSNA was published by the Lincolnshire Research Observatory as a web-based resource with a scheduled update annually.

The JSNA was also the shared evidence utilised by the LHWB to inform the priority setting for the development of the JHWS 2018-2023.

Guidance from the Department of Health identified partners who 'must be involved' in the production of the JSNA and JHWS as well as partners who 'should' be involved. The LHWB had taken account of this guidance and agreed to approach this by holding a series of engagement events to identify health and wellbeing priorities based on the evidence within the JSNA. This engagement was to be grouped into three stages:-

1. Initial work to review all the evidence against the 35 topics in the JSNA and to prioritise the topics using the scoring criteria and framework agreed by the LHWB in September 2016;
2. A number of public engagement events would take place across the county in order to ensure the inclusion and engagement of wider stakeholders in the prioritisation process. Evidence from the JSNA would then be thematically presented. A progress report would also be presented to the Health Scrutiny Committee for Lincolnshire to enable review of the initial prioritisation work and to feedback their response to the LHWB; and
3. Discussion and moderation of the prioritisation would take place by LHWB members and other invited stakeholders at an informal session of the LWHB.

It was recognised that engagement mechanisms needed to be inclusive to ensure that the 'voice' of more marginalised individuals was captured. As a result, reference groups of under-represented individuals or groups, identified by the Equality Impact Assessment, would be held under stage 3 of the engagement.

Multiple partners and boards required identification to enable their inclusion within the review. The Engagement Framework of LHWB set out the principle on how engagement with key stakeholders, partners and the public would take place. A mapping exercise of existing networks and boards, including Patient and Participation Groups, would be undertaken as part of the development of a detailed delivery plan for communication activity.

In producing a JHWS for Lincolnshire, the LHWB intended to:-

- Understand local need to ensure that services delivered were appropriate, effective and met needs;
- Work with organisations and the public to identify the key issues and needs of the community on an ongoing basis; and
- Involve people in Lincolnshire so that they can inform local priorities to enable work to continue to improve the health and wellbeing of the local community and reduce health inequalities.

The timescales of 'Next Steps' was reported:-

- April to June 2017 – Initial nomination of lead officers from each member organisation of the LHBW to undertaken prioritisation scoring;
- June to July 2017 – Wider stakeholder engagement within the prioritisation process, including feedback from the working group of the Health Scrutiny Committee for Lincolnshire;
- July 2017 – Discussion and moderation of prioritisation by LHWB at an informal session;
- July to August 2017 – Reference groups of under-represented individuals/groups as a means of verification;
- September 2017 – Report the final proposed outcome and draft structure of the JHWS to the LHWB;
- October to December 2017 – Allocate theme lead organisations to the draft JHWS;

- January to March 2018 – Finalise and sign off the JHWS for Lincolnshire 2017-2023; and
- April 2018 onwards – Ongoing communication and promotion of the new JHWS.

Members were invited to ask questions, during which the following points were noted:-

- Concern was raised that the reference groups were to be held over the holiday period. The Committee was assured that the LHWB was confident that there would be an opportunity for all to engage with the process as this covered a large period of time, despite being over the holiday period;
- A Committee member raised concern that none of the topics covered neurology and asked how this could be included in the future. It was explained that this had been considered by the LHWB but that the evidence presented had not been sufficient for the Board to develop a topic specifically for neurology. It was reported that there were thousands of residents within Lincolnshire with neurological issues and that this information could be provided to the LHWB. It was suggested that all the information compiled by the Lincolnshire Neurological Alliance be sent to the Health Scrutiny Officer in the first instance;
- Reported over prescription of antibiotics would be considered within a number of topics within the JSNA but was not a topic in its own right. Antimicrobial resistance was a significant national topic and therefore was not a local issue currently;
- GP practices keep data on the management of immunisations for children and discussions with practices were undertaken should they not meet the required standards. Practices used the data to recall patients who had not had the required immunisations, especially children;
- Parents were reportedly frustrated as they were unable to gain access to immunisation records for children over the age of 12. These frustrations were acknowledged but it was explained that these rules were for all public bodies. There may be elements of a child's medical records which they may not wish for their parents to access;
- It was reported that up to three different organisations were responsible for the commissioning of immunisation programmes which was a cause for concern. The Interim Director of Public Health would welcome the attention of the Committee and it was agreed that this would be included in the list of potential Work Programme items for consideration in the future.

RESOLVED

1. That the report and comments be noted;
2. That the establishment of a working group from newly constituted Health Scrutiny Committee for Lincolnshire, to meet in July 2017, be agreed; and
3. That the topic of Immunisation Programmes be included in the list of potential Work Programme items for consideration at a future meeting of the Committee.

89 ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH ON THE HEALTH OF THE PEOPLE OF LINCOLNSHIRE 2016

Consideration was given to a report from Tony McGinty (Interim Director of Public Health) which provided an independent statutory report to raise the issues of important to the health of the population of Lincolnshire.

Tony McGinty (Interim Director of Public Health) was in attendance for this item.

NOTE: The Chairman declared a pecuniary interest in this item as she provided financial support to the Lincolnshire Rural Support Network (LRSN) and had also lobbied Lincolnshire Partnership NHS Foundation Trust and the Clinical Commissioning Groups to continue financial support to the LRSN for mental health services.

It was a statutory duty of the Director of Public Health to produce an annual report on the health of the people of the area in which they serve and was the statutory duty of the local authority to publish that report.

The report was not an annual account of the work of the Public Health Team but an independent, professional, view of the state of health of the people of Lincolnshire including recommendations on the action required by a range of organisations and partnerships.

The focus of the report for 2016 was mental health and the mental illness profile of local people. This decision had been taken based on the principle "no health without mental health" which led to a definition of mental health as a resource rather than a state involving the absence of illness or distress.

Good mental health was a valid goal for individuals and communities to pursue and was also a prerequisite for people to achieve their goals and potential in life; support their ability to make good choices and protect themselves from harm. A number of different factors could support or challenge the mental health of individuals and communities and, due to this, the report presented a series of points along the average life-course and highlighted risk and opportunities to mental health at each stage of life.

The Interim Director of Public Health gave a presentation to the Committee which covered the following areas:-

- Director of Public Health (DPH) Annual Report 2016
    - Reported on progress against the 2015 DPH Annual report recommendations;
    - Explored social and environmental risk factors associated with mental health;
    - Described the impact of mental health on children and young people, adults, families and wider society;
    - Provided recommendations to improve the mental health of the people of Lincolnshire;

- Mental Health across the life-course – a framework for the Annual DPH Report 2016/17 chart;
- Scale of the Problem
    - It had been estimated that over 3000 Lincolnshire women, each year, had mental health problems during pregnancy and after childbirth;
    - Over 9% of Lincolnshire children aged 5 to 16 were estimated to have a diagnosed condition which was similar to national rates;
    - Over 100k adults in Lincolnshire were estimated to have a diagnosed common mental disorder, such as depression or anxiety;
    - Every year since 1999, there had been at least 60 deaths from suicide in Lincolnshire;
- Risk Factors
    - Clear evidence linking negative experiences throughout childhood and adolescence with a higher risk of mental health ill-health;
    - In adulthood, the built environment and the circumstances of life could influence mental and physical health;
    - Risk factors were not always evenly distributed throughout the population;
    - It was known that many of risk factors could affect those in the most deprived groups;
- Perinatal and maternal mental health
    - 10% - 20% of women were estimated to be affected by mental health problems at some point during pregnancy or the first year after birth;
    - Women lacking social support had been found to be at increased risk of antenatal and postnatal depression. Poor relationships with partners was also a risk factor for postnatal depression;
    - Pregnancy in under-18 year olds was linked to poorer health and social outcomes for both the mother and child. Rates in Lincolnshire, however, were falling and comparable to the national average;
- Childhood and adolescent mental health
    - One in ten children and young people (10%) aged 5-16 had a clinical diagnosed mental disorder;
    - Emergency department presentations due to self-harm by those aged 17 and under had risen by 30% since 2003-04;
    - Societal influences and risks to mental health resilience were changing for children and young people;
    - Certain groups had a higher risk of mental ill health, such as looked after children;
- Adult and older adult mental health
    - At any one time approximately 104k adults in Lincolnshire were living with a common mental disorder (CMD) which was roughly 17% of the population aged over 16;
    - CMD's included depression, anxiety, phobias, panic disorders and obsessive-compulsive disorders;
    - CMD was higher in younger age groups but was at its highest in people aged between 45 and 54, at 19.9%;

- Lincolnshire had a wide range of mental health services including primary care, therapeutic and preventative interventions and acute and specialist care for those with more severe conditions.

Members were invited to ask questions, during which the following points were noted:-

- An example was given regarding a man who had been admitted into the system at the age of 12 and transferred to assisted living at the age of 20. At age 32, the man felt well enough to leave assisted living but there was no support in place to help him to do so. Officers concurred that the same conclusion had been reached when reviewing the service and this was an area which would be looked at in further detail when reviewing wellbeing services. For this particular man, the Interim Director of Public Health agreed to look into this case further;

At 4.00pm, Councillor Mrs R Kaberry-Brown left the meeting and did not return but indicated her agreement with the submission of the Committee to NHS England in response to the Consultation on Congenital Heart Disease Services, to be considered at item 11 of the agenda.

- It was reported that GPs currently spend a considerable amount of time dealing with mental health issues of patients and were generally very skilled in that area. The main issue for GPs was that the appointment times were not long enough to be able to talk at length with these patients;
- A lot of investment had been made in Child and Adolescent Mental Health Services (CAMHS) in recent years which had resulted in considerable improvement within service provision;
- The Chairman noted that an update on the outcomes of previous recommendations had not been reported to the Committee and suggested that an update be provided at a future meeting in relation to the implementation of these recommendations. The Interim Director of Public Health had already made a commitment to take a proactive interest and develop an action plan approach to the recommendations, which could be considered by the Committee.

RESOLVED

1. That the report and comments be noted; and
2. That an update on the progress on outcomes from the Annual Report of the Director of Public Health on the Health of People in Lincolnshire 2016 be considered for addition to the Work Programme.

90 CONGENITAL HEART DISEASE SERVICES - ARRANGEMENTS FOR RESPONDING TO THE NHS ENGLAND CONSULTATION

Consideration was given to a report by the Health Scrutiny Officer which invited the Committee to consider the response to the consultation on Congenital Heart Disease Services for children and adults following the consideration of the consultation by the working group, on 1 March 2017 and 7 March 2017.

The Chairman commended the Health Scrutiny Officer for the work involved in drafting a response from the comments made during the Working Group meetings. The Council's legal team were also thanked for the legal advice provided in relation to the status of the consultation, and confirmation that making the response fell within the remit of the Health Scrutiny Committee. The Chairman thanked the Clerk for coordinating the meeting in such a way to allow the protestors to attend, despite the conduct during the lunch break.

The draft response was circulated to the Committee in addition to a slight amendment to Question 1 of the consultation. Following the attendance of NHS England during the morning session of the meeting, the Committee was asked to make any additional comments which may also be included.

During discussion, the following points were noted:-

- The Committee again expressed disappointment that the consultation would run through the Purdah period, which affected all district councils as well as the county council;
- Dissatisfaction at the lack of a decision date by NHS England following the consultation was noted;

At 4.25pm, Councillor Mrs K Cook left the meeting and did not return.

- Although the Committee was initially disappointed that the public events were ticketed events, it was understood why given the behaviour following the morning session of the meeting. However, the Committee also understood the frustrations of the protestors when public meetings had been limited to a certain number of attendees which further limited the opportunity to speak;

At 4.35pm, Councillors J Kirk and C J T H Brewis left the meeting and did not return. Both Councillors indicated their agreement with the submission of the Committee to NHS England in response to the Consultation.

RESOLVED

1. That the draft response to the Consultation on the *Proposals to Implement Standards for Congenital Heart Disease Services for Children and Adults in England* be agreed, with the suggested amendments and the inclusion of the disappointment of both running the consultation throughout the purdah period and the omission of the date for making the decision on the outcome; and
2. That authority be delegated to the Chairman and Vice-Chairman of the Health Scrutiny Committee for Lincolnshire for final sign off and submission of the consultation response to NHS England.

91 WORK PROGRAMME AND NEW OVERVIEW AND SCRUTINY ARRANGEMENTS AT LINCOLNSHIRE COUNTY COUNCIL

Consideration was given to a report by the Health Scrutiny Officer which gave the Committee the opportunity to consider its work programme and also advised on the changes to the overview and scrutiny arrangements at Lincolnshire County Council.

On 16 December 2016, Lincolnshire County Council approved the outcomes of a review of overview and scrutiny which would lead to the establishment of the following overview and scrutiny committees from May 2017:-

- Overview and Scrutiny Management Board;
- Adult Care and Public Health Scrutiny Committee;
- Children and Young People Scrutiny Committee;
- Communities and Public Protection Scrutiny Committee;
- Environment, Economy and Transport Scrutiny Committee;
- Flood and Drainage Management Scrutiny Committee; and
- Health Scrutiny Committee for Lincolnshire

The agreed Terms of Reference for the Health Scrutiny Committee for Lincolnshire were reported, following approval by Full Council on 24 February 2017. The Health Scrutiny Committee would continue with the same membership arrangements as at present (eight County Councillors; seven District Councillors; and one non-voting Healthwatch Lincolnshire representative). The Committee would continue to meet on a monthly basis, with the exception of August, and meetings would be held on Wednesdays.

The Chairman and Vice-Chairman of the Health Scrutiny Committee would continue to be appointed at the first meeting in each municipal year.

The Adult Care and Public Health Scrutiny Committee and the Children and Young People Scrutiny Committee had remits which also embraced health matters. The responsibility of the Adult Care and Public Health Scrutiny Committee would include scrutiny of wellbeing services, including health improvement, prevention and self-management; and the prevention, treatment and recovery elements of the substance misuse services as well as the statutory public health services. The Adult Care and Public Health Scrutiny Committee would also continue to undertake the lead role in scrutinising the Better Care Fund (BCF) and activities supporting the integration of health and social care.

The responsibility of the Children and Young People Scrutiny Committee would include scrutiny of the school nursing service; the healthy schools and healthy child programmes; and Child and Adolescent Mental Health Services (CAMHS), which were commissioned by the County Council on behalf of the Lincolnshire Clinical Commissioning Groups.

It was noted that the Health Scrutiny Committee for Lincolnshire would continue as the statutory health overview and scrutiny committee to fulfil all the functions outlined in the Local Authority (Public Health, Health and Wellbeing Boards and Health

Scrutiny) Regulations 2013. This included all the powers relating to consultation by the commissioners of NHS-funded health care as set out in Regulation 23.

There would be circumstances where the remits of these committees would overlap and, in the first instance, resolved by the respective chairmen or more formally by the Overview and Scrutiny Management Board, which would seek to avoid duplication of activity.

The County Council would also establish two scrutiny panels to undertake in-depth scrutiny review activity on behalf of the overview and scrutiny committees. Should the Health Scrutiny Committee wish to undertake an in-depth review, a scrutiny panel would undertake that review on its behalf. The Health Scrutiny Committee would remain the accountable entity and approve the final review report in addition to undertaking all follow-up review activity.

Informal working groups may still be established by the Health Scrutiny Committee as this was particularly useful for considering the detail and drafting of responses to detailed documents. It was noted that in most instances, working group outcomes and reports would be approved by the subsequent meeting of the Health Scrutiny Committee.

District Council Members were asked to note the approved Committee dates for 2017/18, as noted below:-

- Wednesday 14 June 2017;
- Wednesday 19 July 2017;
- Wednesday 13 September 2017;
- Wednesday 11 October 2017;
- Wednesday 8 November 2017;
- Wednesday 13 December 2017;
- Wednesday 17 January 2018;
- Wednesday 21 February 2018;
- Wednesday 21 March 2018;
- Wednesday 18 April 2018; and
- Wednesday 16 May 2018.

RESOLVED

1. That the work programme and, in particular, those items suggested for carry forward in to the new County Council Term be agreed; and
2. That the new, approved, structure of Lincolnshire County Council's overview and scrutiny committees, with minor changes to the terms of reference of the Health Scrutiny Committee for Lincolnshire, be noted.

The Chairman thanked the Committee for their continued support over the last four years and confirmed that she had valued their support and friendship.

Councillor T M Trollope-Bellew advised that he would not be standing for re-election in the forthcoming elections and asked that it be noted that, as the original chairman of the Health Scrutiny Committee for Lincolnshire, had enjoyed his time on the Committee. He wished the Committee well for the future and urged that the work of the committee in holding the NHS to account continued.

On behalf of the Committee, Councillor Mrs S M Wray thanked Councillor Mrs C A Talbot for being an excellent Chairman and steering the Committee through its work.

The meeting closed at 4.43 pm

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